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| UNITED STATES DISTRICT COURT<br>NORTHERN DISTRICT OF CALIFORNIA<br>CAND 435<br>(CAND Rev. 02/2015)   |                     |                    |  | <b>TRANSCRIPT ORDER</b><br>Please use one form per court reporter.<br><i>CJA counsel please use Form CJA24</i><br>Please read instructions on next page.  |                                  |                       |  |                       | COURT USE ONLY<br><b>DUE DATE:</b>      |                       |                       |                                  |                       |                       |
|--|---------------------|--------------------|--|---|----------------------------------|-----------------------|--|-----------------------|---|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|
| 1a. CONTACT PERSON FOR THIS ORDER<br><b>Jordan Van Druff</b>   |                     |                    |  | 2a. CONTACT PHONE NUMBER<br><b>(415) 391-5400</b>   |                                  |                       | 3. CONTACT EMAIL ADDRESS<br><b>jvandruff@kvn.com</b> |                       |   |                       |                       |                                  |                       |                       |
| 1b. ATTORNEY NAME (if different)<br><b>David Silbert</b>   |                     |                    |  | 2b. ATTORNEY PHONE NUMBER<br><b>(415) 391-5400</b>  |                                  |                       | 3. ATTORNEY EMAIL ADDRESS<br><b>dsilbert@kvn.com</b> |                       |   |                       |                       |                                  |                       |                       |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)<br><b>Keker &amp; Van Nest LLP<br/>633 Battery Street, San Francisco, CA 94111</b>                             |                     |                    |  | 5. CASE NAME<br><b>Cisco Systems, Inc. v. Arista Networks Inc.</b>  |                                  |                       |  |                       | 6. CASE NUMBER<br><b>5:14-05344-BLF</b> |                       |                       |                                  |                       |                       |
|  |                     |                    |  | 8. THIS TRANSCRIPT ORDER IS FOR:<br><input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached)<br><input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL      CJA: <u>Do not use this form; use Form CJA24.</u> |                                  |                       |  |                       |   |                       |                       |                                  |                       |                       |
| 7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input checked="" type="checkbox"/> FTR  |                     |                    |  |   |                                  |                       |  |                       |   |                       |                       |                                  |                       |                       |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:                  |                     |                    |  |   |                                  |                       |  |                       |   |                       |                       |                                  |                       |                       |
| a. HEARING(S) (OR PORTIONS OF HEARINGS)  |                     |                    |  | b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)  |                                  |                       |  |                       | c. DELIVERY TYPE (Choose one per line)  |                       |                       |                                  |                       |                       |
| DATE   | JUDGE<br>(initials) | TYPE<br>(e.g. CMC) | PORTION<br>If requesting less than full hearing,<br>specify portion (e.g. witness or time) | PDF<br>(email)  | TEXT/ASCII<br>(email)            | PAPER                 | CONDENSED<br>(email)                                 | ECF ACCESS<br>(web)   | ORDINARY<br>(30-day)                    | 14-Day                | EXPEDITED<br>(7-day)  | DAILY<br>(Next day)              | HOURLY<br>(2 hrs)     | REALTIME              |
| 06/16/2016   | BLF                 | CMC                | 11:25-12:15  | <input checked="" type="radio"/>  | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>                                | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  |                     |                    |  | <input type="radio"/>   | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>                                | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |
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| 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:   |                     |                    |  |   |                                  |                       |  |                       |   |                       |                       |                                  |                       |                       |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).   |                     |                    |  |   |                                  |                       |  |                       |   |                       | 12. DATE              |                                  |                       |                       |
| 11. SIGNATURE <b>/s/ Jordan Van Druff</b>  |                     |                    |  |   |                                  |                       |  |                       |   |                       | <b>06/20/2016</b>     |                                  |                       |                       |
| DISTRIBUTION: <input type="checkbox"/> COURT COPY <input type="checkbox"/> TRANSCRIPTION COPY <input type="checkbox"/> ORDER RECEIPT <input type="checkbox"/> ORDER COPY |                     |                    |  |   |                                  |                       |  |                       |   |                       |                       |                                  |                       |                       |